

Medicaid Basic Training for Consumers and Families

CFAC Leadership Conference

March 29, 2008

Winston-Salem, NC

Goals

- Provider Requirements
- The Role of the LME
- Medicaid Services
- Authorizations and Utilization Review
- Quality Management
- Appeals

Medicaid

- Medicaid is a federal and state entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources.
- Federal - Centers for Medicare and Medicaid Services (CMS)
- State – Division of Medical Assistance (DMA)

North Carolina Department of Health and Human Services (DHHS)

- Division of Medical Assistance
 - Fees and rates
 - Policy
 - Maintain files (insurance, provider, eligibility)
- Division of MH/DD/SA
 - Provision of services through LME endorsed providers
 - State funded services

Steps Providers Take to Become Providers

- Endorsement
 - Endorsement is a verification and quality assurance process using statewide criteria and procedures.
 - The endorsement process provides the LME with the objective criteria to determine the competency and quality of Medicaid providers.
 - Required for the provision of enhanced and residential services
 - Each service requires a separate endorsement

Provider Steps cont.

- Enrollment
 - All providers must enroll directly with DMA in order to be a North Carolina Medicaid provider.
 - Enrollment is open to all providers who meet the qualifications and receive endorsement from the LME
 - LP, LPA, LPC, LMFT, LCSW, LCAS, CCS, CNS, NP

Provider Steps cont.

- Facility License
 - Providers offering enhanced services have to become licensed with the Division of Health Service Regulation
- Accreditation
 - All providers of enhanced services must be accredited within three years

The Role of the LME

- Functions include:
 - Endorsement
 - Record review
 - Ongoing monitoring
 - Client specific reviews and care coordination
- LMEs do not provide services unless they have a specific and time-limited waiver from the Secretary of Health and Human Services

Medicaid Services – Basic Benefit

- Basic Benefits
 - Available to all Medicaid recipients
 - Outpatient benefits
 - Adults – age 21 and over - (8 unmanaged visits per year – per recipient)
 - Children – under age 21 - (26 unmanaged visits per year – per recipient)
 - Inpatient hospitalization

Medicaid Services – Enhanced Benefit

- MH/SA Services for Adults
 - Community Support – Adults (MH/SA)
 - Mobile Crisis Management (MH/DD/SA)
 - Diagnostic/Assessment (MH/DD/SA)
 - Community Support Team (CST) (MH/SA)
 - Assertive Community Treatment Team (ACTT)
 - Psychosocial Rehabilitation
 - Partial Hospitalization
 - Professional Treatment Services in Facility-Based Crisis Program

Medicaid Services – Enhanced Benefit

- Substance Abuse Specific Treatment Services
 - Substance Abuse Intensive Outpatient Program
 - Substance Abuse Comprehensive Outpatient Treatment Program
 - Substance Abuse Non-Medical Community Residential Treatment
 - Substance Abuse Medically Monitored Community Residential Treatment

Medicaid Services – Enhanced Benefit

- Substance Abuse Specific Detox Services
 - Ambulatory Detoxification
 - Non-Hospital Medical Detoxification
 - Medically Supervised or ADATC Detoxification/Crisis Stabilization
 - Outpatient Opioid Treatment

Medicaid Services – Enhanced Benefit

- Services for Children (up to age 21)
 - Diagnostic/Assessment (MH/DD/SA)
 - Community Support – Children/Adolescents (MH/SA)
 - Mobile Crisis Management (MH/DD/SA)
 - Intensive In-Home Services
 - Multisystemic Therapy (MST)
 - Child and Adolescent Day Treatment (MH/SA)
 - Partial Hospital
 - SAIOP

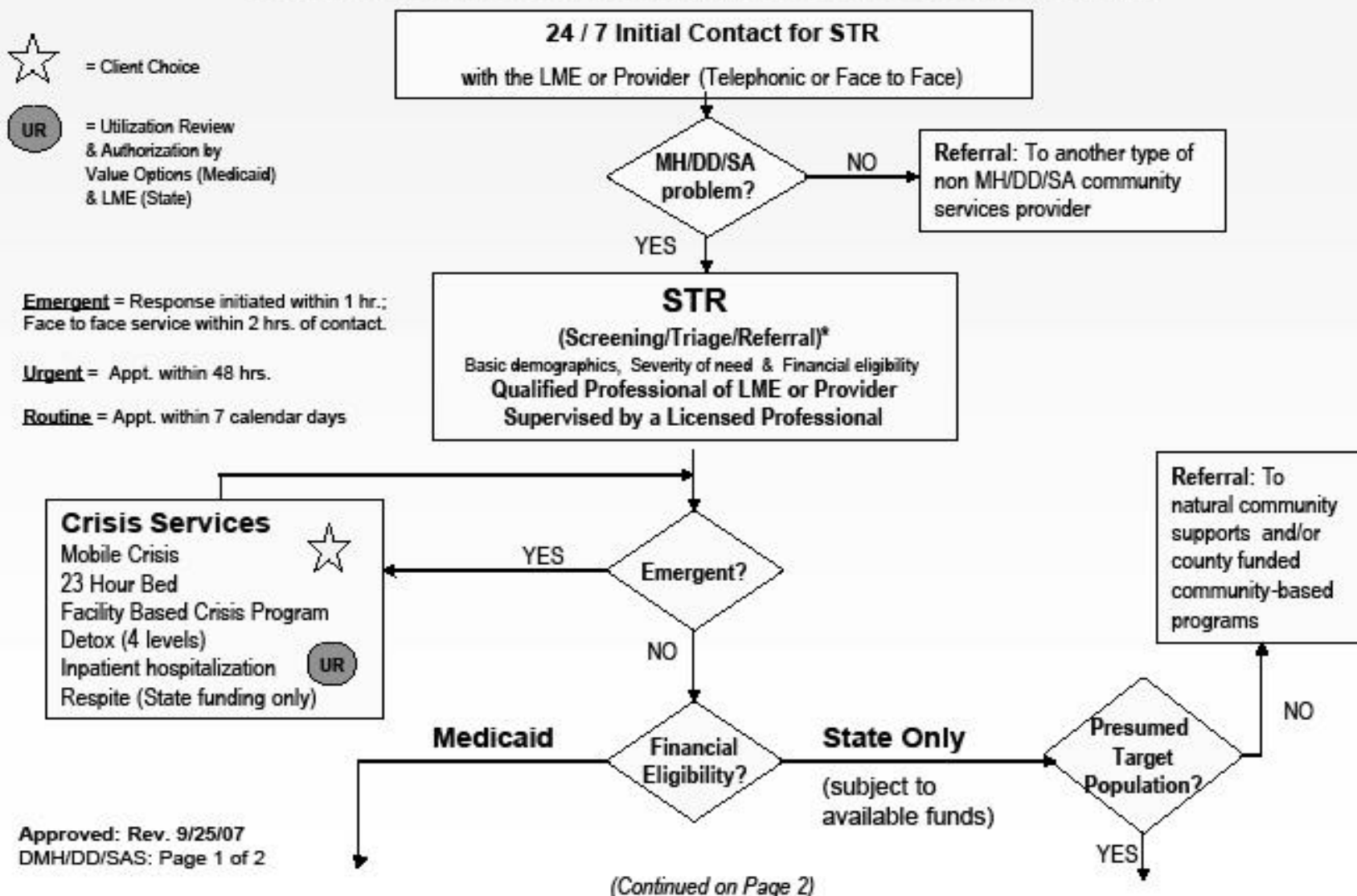
Medicaid Services – Enhanced Benefit

- Developmental Disability Services
 - Diagnostic/Assessment (MH/DD/SA)
 - Mobile Crisis Management (MH/DD/SA)
 - Targeted Case Management
 - Community Alternative Program (CAP)

Residential Treatment Services

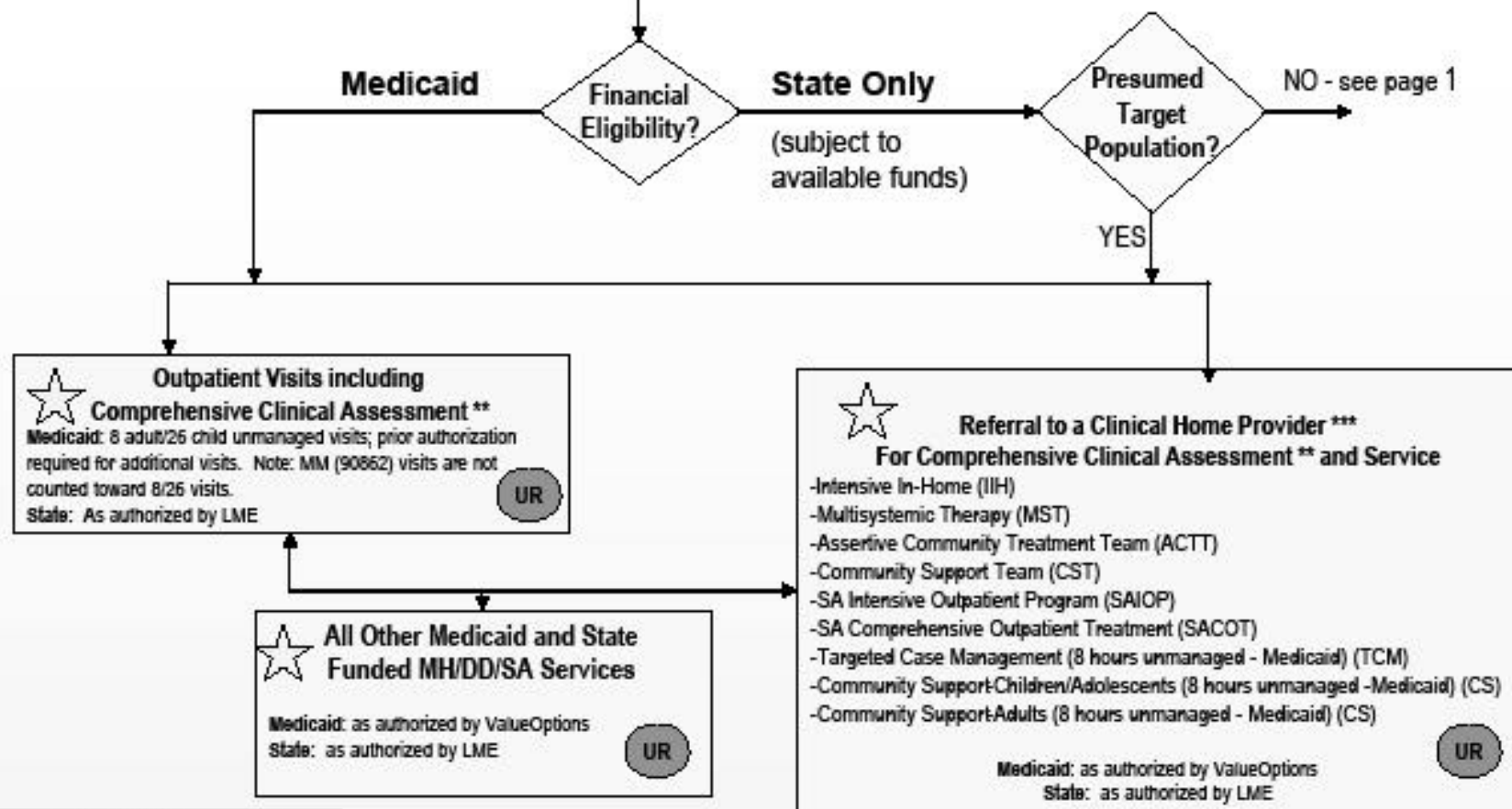
- Treatment in a structured, therapeutic, supervised environment for under age 21
 - Level I: low to moderately structured family setting
 - Level II: moderate to highly structured family or program setting
 - Level III: highly structured program setting
 - Level IV: physically secure, locked program setting

ACCESSING CARE: A Flow Chart for New Medicaid and New State Funded Consumers



Note: Routine is now 10 working days

ACCESSING CARE: A Flow Chart for New Medicaid and New State Funded Consumers, *continued*



**Comprehensive Clinical Assessment Frequently Used Codes:

Diagnostic Assessment: T1023
 Evaluation/Intake: 90801, 90802
 Assessment: H0001, H0031
 Evaluation & Management (EM) Codes
 State Substance Abuse Assessment: YP630

Note: This is a non-inclusive list.

***Clinical Home Provider

Qualified Professional
 PCP (& Crisis Plan)
 ITR / ORF2/CTCM
 Consumer Admission Form
 NC-TOPPS & NC-SNAP
 First Responder
 Comprehensive Clinical Assessment

Clinical Home

- Nine services that can be accessed directly by Screening Triage and Referral (STR)
 - Intensive In-Home (IIH)
 - Multisystemic Therapy (MST)
 - Assertive Community Treatment Team (ACTT)
 - Community Support Team (CST)
 - Substance Abuse Intensive Outpatient Program (SAIOP)
 - Substance Abuse Comprehensive Outpatient Treatment (SACOT)
 - Targeted Case Management (TCM)
 - Community Support Child/Adolescent (CS-Child/Adolescent)
 - Community Support Adult (CS-Adult)

Clinical Home

- Clinical Home
 - The clinical home is considered the service best able to provide continuity of care for a recipient in the system. The Qualified Professional at the Clinical Home provides the following:
 - Development and updating of the Person-Centered Plan and Crisis Plan
 - Obtaining Authorizations (ITR/ORF2/CTCM)
 - Completing the Consumer Admission Form (State Only)
 - Completing the NC-TOPPS & NC-SNAP
 - Serving as a First Responder (24/7)
 - Must be able to respond by phone and face-to-face
 - Focus on prevention and proactive crisis intervention based on the crisis plan

Assessment

- Diagnostic/Assessment (MH/DD/SA)
 - Evaluation of MH/DD/SA condition that results in issuance of D/A report with a recommendation for services
 - Direct periodic service provided in any location by a Team of clinicians (2 licensed QPs; one MD, DO, NP, PA or Licensed psychologist)
- Comprehensive Clinical Assessment
 - Alternative to the Diagnostic Assessment as a means to gather the clinical and diagnostic information necessary to develop the PCP.
 - Purpose is to give the Qualified Professional completing the PCP the assessment information necessary to complete the PCP

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)

- Provides for medical and dental screenings and medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening.
- Services have to be medically necessary.
- Any proper request for services for a recipient under 21 years of age is considered a request for EPSDT services.
- Does **NOT** eliminate the need for prior approval if prior approval is required.
- For more information review the training material found at:
<http://www.dhhs.state.nc.us/mhddsas/training/access-care/epsdt-mhddsa6-07training-3.pdf>

Authorizations and Utilization Review

- Prior Authorization is required for all services.
 - Exceptions (one time pass though)
 - 8 hours of Targeted Case Management
 - 4 hours of Community Support – Adult to complete the Introductory PCP
 - 8 hours of Community Support – Child to complete the Introductory PCP
 - Unmanaged basic benefit visits
- Refer to the specific service definition for utilization management and authorization requirements.
- A referral is required for recipients under age 21 from the LME, Medicaid enrolled psychiatrist, or Carolina Access PCP.

Authorizations and Utilization Review

- What services require authorization and when?
 - Inpatient psychiatric hospitalization – elective (on or before date of admission) and emergency admissions (within two working days of admission)
 - Psychiatric residential treatment facility services – on or before date of admission
 - Out-of-state services – prior to admission
 - Outpatient basic benefit services – following unmanaged benefit
 - Enhanced benefit MH/DD/SA services - following any unmanaged benefit

Quality Management/Assurance

- Are you doing things right?
 - Efficiency
 - Productive
- Are you doing the right thing?
 - Effectiveness
 - Best/Evidenced Based Practices
- Are you looking at yourself?
 - Self-Monitoring

Appeals

- Every Medicaid recipient has appeal rights that can apply to situations in which a recipient is:
 - denied a requested service; or
 - informed that a current service will be reduced, suspended, or terminated.
- If services are being denied, reduced, suspended or terminated, the recipient will receive an letter detailing their appeal rights

Appeals

- Two hearing options:
 - informal hearing by the DHHS Hearing Office
 - formal or evidentiary hearing by the Office of Administrative Hearings (OAH) in Raleigh

Resources

- Review DMA Web Site
 - Provider Information:
<http://www.dhhs.state.nc.us/dma/prov.htm>
 - Monthly Medicaid Bulletins, Clinical policy, billing guide, check schedules, Fee Schedules, Administrative rules, etc.
 - Service Definitions, Implementation Memos
- Division of MH/DD/SA Web site
 - <http://www.ncdhhs.gov/mhdddsas/index.htm>
 - Joint DMA/DMH Implementation Memos
 - Rules
 - Service Records Manual

Resources

- Medicaid State Plan at:
<http://www.dhhs.state.nc.us/dma/sp.htm>
- DMA Clinical Coverage Policy 8-A,
“Enhanced Mental Health and Substance
Abuse Services”, can be found at the
following link:
[http://www.dhhs.state.nc.us/dma/bh/8A.p
df](http://www.dhhs.state.nc.us/dma/bh/8A.pdf)

Medicaid Contacts

- Clinical Policy (919-855-4260)
- Behavioral Health Care Section (919-855-4290)
- Recipient Services - (919-855-4000)
- Program Integrity – (919-647-8000)

Division of MH/DD/SA

Advocacy and Customer Service

Chris Phillips, Chief (919-715-3197)

- Customer Service and Community Rights
 - Stuart Berde, Team Leader
- State Facilities Advocates
 - Wendi McDaniel, Team Leader
- Consumer Empowerment
 - Ann Remington, Team Leader
- **TTY/Voice — 919-715-1968**
- *TTY/Voice/Spanish* **1-800-662-7030**

EVALUATION & QUESTIONS

